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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e)) required)		Attorney Docket Number	PC9835AJTJ
		First Named Inventor	Dwayne Thomas FRIESEN
		COMPLETE IF KNOWN	
		Application Number	Not yet assigned
		Filing Date	Filed herewith
		Group Art Unit	Not yet assigned
		Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SOLUBILIZED SERTRALINE COMPOSITIONS

(Title of the Invention)

the specification of which
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/15/1998 as United States Application Number or PCT International

Application Number PCT/IB98/00933 which was amended under PCT Rule 66.3 during PCT international phase by letter dated July 2, 1999

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/051,413	07/01/1997	

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/IB98/00933	June 15, 1998	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number
or

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Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Mark Dryer	28,775
Allen J. Spiegel	25,749	Lawrence C. Akers	28,587
Paul H. Ginsburg	28,718	A. Dean Olson	31,185
J. Trevor Lumb	28,567	Mervin E. Brokke	32,723
James T. Jones	30,561	Valerie M. Fedowich	33,688
Gregg C. Benson	30,977	Bryan C. Zielinski	34,462
Robert F. Sheyka	31,304	Robert T. Ronau	36,257
Grover F. Fuller Jr.	31,760	B. Timothy Creagan	39,156
Karen DeBenedictis	32,977	Alan L. Koller	37,371
Lorraine B. Ling	35,251	Jolene W. Appleman	35,428
Garth Butterfield	36,997	Kristina L. Konstas	37,864
Carl J. Goddard	39,203	Seth H. Jacobs	32,140
Raymond M. Speer	26,810	Martha A. Gammill	31,820
Jennifer A. Kispert	40,049	Gregory P. Raymer	36,647
Jacob M. Levine	32,509	E. Victor Donahue	35,492
Israel Nissenbaum	27,582	Roy F. Waldron	42,208

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number
or Bar Code Label

OR ☒ Correspondence address below

Name	Gregg C. Benson				
Address	Pfizer Inc, Bldg. 118S, 3 rd Floor				
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Country	United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Dwayne Thomas				FRIESEN			
Inventor's Signature	<i>Dwayne Thomas</i>			Date		5/24/99	
Residence: City	Bend	State	OR	Country	US	Citizenship	US
Post Office Address	60779 Currant Way						
Post Office Address							
City	Bend	State	OR	Zip	97702	Country	US

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

253008160
PTO SB 01, 3/99

PTO/SB/02A(3/97)

Approved for use through 09/30/98. OMB 0651-0032

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname							
Scott Max				HERBIG							
Inventor's Signature		<i>Scott Max Herbig CT</i>				Date		8/31/99			
Residence: City		East Lyme		State		CT		Country		US	
Post Office Address		39 Heritage Road									
Post Office Address											
City		East Lyme		State		CT		Zip		06333	
				Country						US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname							
Ravi Mysore				SHANKAR							
Inventor's Signature		<i>Ravi Mysore Shankar</i>				Date		9/3/99			
Residence: City		Groton		State		CT		Country		US	
Post Office Address		600 Meridian Street, Extension No. 816									
Post Office Address											
City		Groton		State		CT		Zip		06340	
				Country						US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname							
James Blair				WEST							
Inventor's Signature		<i>James Blair West</i>				Date		9/3/99			
Residence: City		Bend		State		OR		Country		US	
Post Office Address		6327 Whitewing Court									
Post Office Address		OK									
City		Bend		State		OR		Zip		97701	
				Country						US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any))				Family Name or Surname							
Inventor's Signature						Date					
Residence: City				State				Country			
Post Office Address											
Post Office Address											
City				State				Zip			
				Country							